

Clinical Experience with the Environmental Management of Asthma & NAEPP Expert Report 2007

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The Three Questions

- What is my experience as an allergist/immunologist caring for children with asthma as this disease relates to environmental factors?
- What is my experience as a PEHSU director responding to inquiries from children with asthma, their parents, and other involved entities/persons regarding environmental factors?
- What is the significance of the new asthma guidelines for the clinician in his office?
 - Primary care
 - Specialist

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The 4 essential components of asthma care

1. Assessment and monitoring
 - Relevant or potentially relevant environmental exposures
 - Compliance with exposure reduction
 - Response to exposure reduction
 - Monitoring of future exposures
2. Controlling factors contributing to asthma severity
 - Environmental factor exposure reduction and minimization (or possibly, **exposure enhancement**) – “environmental control measures”
 - Co-morbid conditions

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The 4 essential components of asthma care

3. Pharmacologic **and immunologic** treatment – stepped care
 - Anti-inflammatory “controller” medications still the mainstay for asthma control
 - Specific immunotherapy can reduce the risk of future asthma development
4. Patient **and physician** education
 - Asthma mechanisms, including effect of environmental exacerbants
 - Medication use
 - **Relevant** environmental control measures
 - Written action plan

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FAMILY
Allergy & Asthma



Goals of asthma therapy

- Effective asthma control – define it
- Minimal therapeutic regimen, e.g., number of medications for asthma and other allergic disease
- Minimize need for health care professional intervention, e.g., doctor's office, E.D., hospital
- Affordable
- Convenient
- Practical, i.e., doable

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